

2-21-95 B-1389-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000011452 (7)

1. Corporation Name

FLORIDA CONTRACTORS' CERTIFIED SCHOOL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:34

Principal Place of Business

1415 WASHINGTON AVE
TITUSVILLE FL 32780

Mailing Address

1415 WASHINGTON AVE
TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

2. Principal Place of Business

21 918 S. Washington Ave

2a. Mailing Address

26 918 S. Washington Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Titusville, FL

City & State

28 Titusville, FL

Zip

24 32780

Country

25 USA

Zip

29 32780

Country

30 USA

4. FEI Number

59-3226537

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALDERWOOD, JOE
1415 WASHINGTON AVE
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

918 S. Washington Ave

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of current or former registered agent and this corporation)

(NOTE: Prepared Agent Signature required when registering)

DATE

2-16-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

SD

NAME

ROBERTS, ROBI K

STREET ADDRESS

1415 WASHINGTON AVE

CITY-ST-ZIP

TITUSVILLE FL 32780

1.1 TITLE

Sec/Treas.

☒ Change

☐ Addition

1.2 NAME

Calderwood, Gil

1.3 STREET ADDRESS

918 S. Washington Ave

1.4 CITY-ST-ZIP

Titusville, FL 32780

TITLE

PD

NAME

CALDERWOOD, JOE

STREET ADDRESS

1415 WASHINGTON AVE

CITY-ST-ZIP

TITUSVILLE FL 32780

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

(Signature of Joe A. Calderwood, President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE A. Calderwood, President

2-16-95

407-268-1109